

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS
Application for Privileges
N.J.A.C. 13:35-4A.12

DERMATOLOGY

PRIVILEGE CRITERIA

Dermatological Procedures:

1. Attestation (Attachment 1 - in attestation format provided)

I am demonstrating clinical experience by attesting, in Attachment 1, to the number and type of dermatological surgical procedures I have performed in the last two years with acceptable results for patients of all age groups, except as specifically excluded from practice, **plus** through additional material below.

2. Training (Attachment 2A and, depending upon certain privileges requested, Attachments 2B, 2C and 2D)

Generally

I am providing, as **Attachment 2A**, documentary evidence of **one** of the following:

(1) Current certification in dermatology granted by the American Board of Dermatology or the American Osteopathic Board of Dermatology or any other certification entity that is demonstrated by the applicant to have standards of comparable rigor, **OR**

(2) Successful completion of an ACGME/AOA accredited residency training program in dermatology which provided specific training in cutaneous surgery, **OR**

(3) Supervised training in residency or fellowship or other equivalent experience in _____ (any field which provided specific training in cutaneous surgery) **AND** active participation in examination process leading to certification in dermatology.

Use of Laser (Attachment 2B):

In addition to general training, for privileges for use of laser, I am providing, as **Attachment 2B**, documentary evidence of **one** of the following:

(1) Completion of a laser training program sponsored by an ACCME or AOA accredited provider of Category I CME documenting laser care, physics and clinical indications for utilization of the specific laser **and successful performance of laser procedures using the specific laser under direct clinical supervision**, or

(2) Documentation from the program director of an accredited residency training program attesting to the training in specific laser therapy during residency training.

Licensee Name: _____ License Number: _____

Procedures Requiring Additional Training (Attachment 2C):

I have attached, as Attachment(s) 2C documentary evidence of the required additional training for each of the following procedures, if privileges are requested for these procedures:

- Intermediate and complex repair of surgical defects, flaps and grafts,
- Hair transplantation,
- Soft tissue augmentation including use of collagen, gelatin, and fat,
- Mohs micrographic surgery

additional training (for each procedure above, **one** of the following):

(1) Completion of a training program **accredited by ACGME/AOA or other accreditation entity that is demonstrated by the applicant to have standards of comparable rigor** documenting training;

OR

(2) Documentation from the program director of an accredited residency training program **accredited by ACGME/AOA or other accreditation entity that is demonstrated by the applicant to have standards of comparable rigor** attesting to the training during residency in the **requested** procedure(s):

PLUS

Documentation (**additional reference 3A**) from a privileged physician who has directly observed the applicant's successful performance or participation in the **requested** procedure(s).

Liposuction Procedure Requiring Additional Training (Attachment 2D)

If I have requested privileges for the liposuction procedure subject to the additional training specified in this section, I have attached, as Attachment 2D, documentary evidence of the **required surgical specialty and additional liposuction training**.

- Liposuction - **surgical specialty training necessary**

Applicants must have surgical specialty training as follows:

(1) Certification in a surgical speciality granted by the American Board of Medical Specialties ("ABMS") or the American Osteopathic Association ("AOA"); or any other certification entity that is demonstrated by the applicant to have standards of comparable rigor; **OR**

(2) Active participation in examination process leading to certification in a surgical specialty; **OR**

(3) Successful completion of an ACGME/AOA accredited residency training program in a surgical specialty;

PLUS

- 1) Inclusion of, and successful completion of liposuction training in the course of instruction in the accredited surgical specialty training program; **OR**
- 2) Completion a liposuction training course that is sponsored by an Accreditation Council for Continuing Medical Education (ACCME) or AOA accredited provider of Category I CME, including Category I providers accredited by their state medical societies through ACCME's state recognition program, and which provides at least three (3) hours of training in a bioskills cadaver laboratory and which also **meets the criteria for** a minimum of eight (8) hours of Category 1 **credit towards the Physician's Recognition Award of the American Medical Association or has been** approved by the American Osteopathic Association for a minimum of eight (8) credit hours of **Category 1** continuing medical education ("CME");

3. Record Review/Clinical Observation (Attachment 3 and, depending upon privilege requested, Attachment 3A - in format provided):

References - Names, addresses and specialty, residency or observation only

I am providing, as Attachment 3, the names, addresses and specialty of three plenary licensed physicians whom I have asked to directly submit references addressing my current competence based on their personal knowledge obtained either during a residency training completed during the two years preceding the date of this application or through personal observation during the two years preceding the date of this application.

A. Reference for Requested Procedure(s) requiring additional training

I am providing, as Attachment 3A, the name, address and specialty of a privileged physician who has directly observed my successful performance or participation in the **requested procedure(s) AND** whom I have asked to directly submit a reference addressing my current competence based on their personal knowledge obtained through personal observation of my successful performance or participation in the requested procedure.

4. Log of procedures (Attachment 4A, for each privilege requested - in format provided)

Licensee Name: _____ License Number: _____

I am providing, as Attachment 4A, a **separate log** listing all patients for whom, in an office setting or licensed ambulatory care facility setting during the two years preceding the date of the application, I performed each of the procedures for which I am requesting privileges. Each log includes a patient number, the type of anesthesia service provided, the surgery or special procedure performed and the date(s) of service. Patient names and other identifying data are redacted.

I am maintaining **in my office** a list or other means to identify the patient, based on the number included in the log.

Within each log, I have identified any patients contained in the log who have experienced complications relating to my performance of surgery or special procedures in an office setting or licensed ambulatory care facility setting and their resulting outcomes.

As part of the application for privileges process, from the logs I am providing, at least 5 cases, **with personal identifiers redacted**, that are representative of the type(s) of procedures for which I requested privileges will be selected and I will be asked to provide patient records (or pertinent portions), **along with a completed case summary form**, for each.

Requires additional training.

Mohs micrographic surgery - **Requires additional training.**

Other - *Please specify procedure(s) and provide supporting documentation on separate page.*

Use of laser: Requires additional training in specific laser use.

Electrosurgery: (for cautery) CO2

Cryosurgery, superficial freezing of the skin: Candela

Excisional surgery with primary and secondary closure: CO2 (for cautery)

Please specify procedure(s) and laser training (for each) and provide supporting documentation on a separate page: _____

I certify that my attestation of the number of procedures and any materials provided incident to this form (i.e. "supporting documentation") are true and accurate. I am aware that if any of the foregoing statements made by me or if the materials submitted by me are willfully false, I am subject to punishment.

Signature and printed name of Applicant

Date

Below this line for Administration Use Only

Licensee Name: _____ License Number: _____

Application Tracking Record

Initial Receipt Date of Application _____
Transmittal Date to Outsourcing Entity _____
Supplemental Information Requested _____
Supplemental Information Received _____
Outsourcing Entity Recommendation _____
Outsourcing Entity Reviewer _____
Board Committee Review Date _____
Board Disposition Date _____

Licensee Name: _____ License Number: _____